

CHAPTER SIX—HEALTH, SANITATION AND SAFETY

Child Health

- 114-505 A. (1) There shall be a statement from a parent/guardian attesting to the health status of the child within 30 days prior to admission and utilizing the appropriate DSS Form.

POLICY: The health status referred to in this regulation is a history of the child's health for the last 30 days before enrolling in the facility and must be completed at the time of admission on DSS Form 2900. (1/31/06)

- (2) Children shall be excluded from child care when they exhibit the conditions listed in the South Carolina Department of Health and Environmental Control Exclusion Policy, State Law 1976, Code Section 44-1-110, 44-1-140, and 44-29-10. (SEE SCHOOL EXCLUSION LIST IN RESOURCE MANUAL SECTION 4.) (SEE CODE SECTIONS 44-1-110, 44-1-140, AND 44-29-10 IN RESOURCE MANUAL SECTION 6.)
- (3) During hours of operation there shall be no smoking or consumption of alcoholic beverages in the areas used by children or in the food preparation or storage areas. Smoking shall be permitted only in designated areas, a safe distance from the center. Consumption of alcoholic beverages or use of other non-prescription narcotic or illegal substances is prohibited on the center premises. People who appear to be under the influence of alcohol or other drugs shall not be in the center when children are present.

(SEE RESOURCE MANUAL SECTION 6 FOR TITLE 44, CHAPTER 95, CLEAN INDOOR AIR ACT WITH REGARD TO PLACES WHERE SMOKING IS PROHIBITED.)

POLICY: If a parent/guardian or other person appears to be under the influence of alcohol or drugs and intends to leave the facility with a child, the director of the facility has the responsibility of deciding how best to handle the situation. If the director contacts Child Care Licensing and Regulatory Services for assistance, staff shall advise the director that only a court of law or an officer of the court has the right to deny access by a parent to their own child. (1/31/06)

Sanitation

- 114-505 B. (1) Staff shall ensure that children's faces and hands are clean.
- 114-505 B. (2) Furniture, toys, and equipment that come into contact with children's mouths shall be washed, rinsed, and sanitized daily and more often if necessary.

POLICY: This regulation includes stuffed animals. (1/31/06)

POLICY: After several washings, stuffed animals should be discarded to prevent unraveling that could present a choking hazard. (8/1/06)

POLICY: Furniture, toys, and equipment can be sanitized by using a sanitizing solution spray, dishwasher, washing machine, or the manual dishwashing method. If sanitizing solution is sprayed, it must be allowed to dry. Disinfectant wipes do not sanitize and cannot be used. (11/1/06)

- 114-505 B. (3) Furniture, toys and equipment soiled by secretion or excretion shall be sanitized before reuse.

- 114-505 B. (4) Linens and blankets as well as cribs, cots, and mats shall be cleaned at least weekly.
- 114-505 B. (5) If playpens are used, they shall have waterproof, washable, comfortable pads.
- 114-505 B. (6) If children brush their teeth at the center, each child shall have a separate, labeled toothbrush, stored with bristles exposed to circulating air, and not in contact with another toothbrush.

POLICY: *Toothbrush covers are permitted if they allow for air circulation. (5/1/06)*

POLICY: *Toothbrush covers, if used, should be cleaned with bleach solution to prevent mold. (8/1/06)*

Emergency Medical Plan

- 114-505 C. (1) The center shall have an emergency medical plan to address the following:
- (a) Medical conditions under which emergency care and treatment is warranted;
 - (b) Steps to be followed in a medical emergency;
 - (c) The hospital or source of health care to be used;
 - (d) The method of transportation to be used; and
 - (e) An emergency staffing plan.

POLICY: *The Emergency Medical Plan must be in writing, and the Regulatory Specialist will review the plan at initial licensure/registration and at each renewal or as needed. (1/31/06)*

- 114-505 C. (2) Emergency information for the child shall be taken with the child to the hospital or emergency location.
- 114-505 C. (3) A staff person shall remain with the child at the hospital or emergency location until the parent arrives.

Medications or Medical Procedures

- 114-505 D. (1) Written, signed and dated parental consent is required prior to the administration of any prescription or over the counter medication or administration of special medical procedures:
- (a) All medications shall be used only for the child for whom the medication is labeled;
 - (b) Medications shall not be given in excess of the recommended dose; and
 - (c) Prescribed special medical procedures ordered for a specific child shall be written, signed, and dated by a physician or other legally authorized healthcare provider.
- 114-505 D. (2) Storage of medications:
- (a) All medications shall be kept in their original labeled containers and have child protective caps. The child's first and last name shall be on all medications;
 - (b) All medications shall be stored in a separate locked container under proper conditions of sanitation, temperature, light, and moisture; and

POLICY: *If an emergency medication is needed, such as an EpiPen or inhaler, it should be stored in a First Aid Kit that is readily accessible in the event of an*

emergency. Staff should be trained in the recognition of symptoms in children in the use of the emergency medication. Parents should complete an Emergency consent Form and provide it to the facility. (11/1/06)

- (c) Discontinued and expired medications shall not be used and shall be returned to the parent or disposed of in a safe manner.

POLICY: Diaper ointments, Neosporin, and other common over-the-counter products are considered to be medicines and are to be used and stored according to regulations. (8/1/06)

114-505 D. (3) Medication log:

- (a) For each medication that is administered by a staff person, a log shall be kept including the child's name, the name of the medication, dosage, date, time and name of person administering the medication. This information shall be logged immediately following the administration of the medication and a copy provided to the child's parent(s)/guardian(s).

POLICY: With the exception of training, all logs required by these regulations must be maintained on file at the facility for a minimum of one year. (1/31/06)

114-505 D. (4) Medication errors:

- (a) Medication errors, e.g. failure to administer a medication at the prescribed time, administering an incorrect dosage of medication or administering the wrong medication; shall be recorded in the child's record; and
- (b) The parent shall be immediately notified and notified in writing of a medication error or a suspected adverse reaction to a medication.

First Aid Kit

- 114-505 E. (1) A first aid kit shall be available for the treatment of minor cuts and abrasions and shall be stored in a location inaccessible to children.

POLICY: First aid kits shall be restocked after use, and an inventory shall be conducted at least monthly. (5/1/06) (SEE RESOURCE MANUAL SECTION 6 FOR EXAMPLE OF SUGGESTED CONTENTS OF A FIRST AID KIT.)

POLICY: Rubber gloves are to be included in the First Aid Kit. Antibiotic ointment should be used with care as some children may be allergic. (8/1/06)

Diapering

- 114-505 F. (1) Each room in which children who wear diapers are cared for shall have its own diaper-changing area adjacent to the hand-washing sink.

POLICY: "Adjacent" is defined as "close to" and does not include across the room or on the other side of a door. The caregiver can turn around to wash their hands provided that the proper diaper changing procedures are followed. (11/1/06)

- 114-505 F. (2) Facilities caring for infants shall provide a diaper changing area located within clear view.

POLICY: *“The diaper changing area” is defined as the surface used for diapering, the hand-washing sink, and the “hands-free” operated trash can. (11/1/06)*

POLICY: *If the diaper changing area is not in “clear view” upon entering the classroom, mirrors may be used to provide a “clear view” of the entire diaper changing area. However, a mirror may never be used to provide “clear view” into a bathroom. (11/1/06)*

- 114-505 F. (3) Diaper changing procedures shall be consistent with those recommended by the Center for Disease Control and Prevention.

POLICY: *Children’s hands shall be washed in the lavatory after each individual diaper change. In the case of infants, hands may be cleaned with single-use, pre-moistened towelettes. (1/31/06)*

- 114-505 F. (4) Diapering surfaces shall be sanitizable.

- 114-505 F. (5) Diapering surfaces shall be clean, seamless, waterproof and sanitary.

- 114-505 F. (6) Diapering surfaces shall be cleaned and sanitized after each use by washing to remove visible soil followed by wiping with an approved sanitizing solution (e.g. 1 tablespoon of chlorine bleach per 1 quart of water) and/or disposable, non-absorbent paper sheets approved for this purpose and shall be discarded immediately after each diapering.

SEE RESOURCE MANUAL SECTION 6 FOR APPROVED SANITIZERS FOR DIAPER CHANGING TABLES. *(National Health and Safety Performance Standards, Second Edition)*

POLICY: *Only bleach/water solution may be used on the diaper changing table. Allow to dry for ten (10) seconds and then it may be wiped with a clean paper towel or clean dry cloth. After one week, old bleach/water solution should be discarded and a new bleach/water solution made for use. (8/1/06)*

- 114-505 F. (7) Blood contaminated materials and diapers shall be discarded in a plastic bag with a secure tie. Surfaces contaminated with blood or blood-containing body fluids shall be cleaned with a solution of chlorine bleach and water.

POLICY: *The use of non-porous gloves should be worn in accordance with the facility’s Blood Borne Pathogens Plan. (11/1/06)*

- 114-505 F. (8) Diapering shall occur only at a diapering changing area or in a bathroom.

POLICY: *Diaper changing areas cannot be located in bathrooms. (11/1/06)*

POLICY: *Pull-ups may be changed in restrooms, but all other diapers must be changed in a diaper changing area. (11/1/06)*

- 114-505 F. (9) Diaper changing areas shall not be used for any purpose other than for diapering.

- 114-505 F. (10) Individual disposable wipes shall be used at each diaper change and shall be placed in a plastic-lined, covered container and disposed of properly, and kept out the reach of children.

- 114-505 F. (11) Each waste and diaper container shall be labeled and clean and free of build-up of soil and odor. Wastewater from such cleaning operations shall be disposed of as sewage.
- 114-505 F. (12) Soiled disposable diapers and disposable wipes shall be kept in a closed, labeled hands-free operated, plastic lined receptacle within reach of diaper changing area separate from other trash. Soiled non-disposable items shall be kept in a sealed plastic bag after feces shall be disposed of through the sewage.
- 114-505 F. (13) Disposable non-absorbent paper sheets shall be disposed of immediately after diapering is completed.
- 114-505 F. (14) Soiled disposable diapers shall be disposed outside the building daily. Soiled non-disposable diapers shall be kept in a sealed plastic bag and returned to the parent daily.
- 114-505 F. (15) Staff shall check diapers and clothing at a frequency that ensures prompt changing of diapers and clothing.
- 114-505 F. (16) No child shall be left unattended while being diapered.

Staff Health

- 114-505 G.(1) The director shall maintain the following records in the center for herself/himself, staff, and emergency person(s):
- (a) Medical statements required by the Department and completed by the staff person verifying that his/her health is satisfactory. Medical statements shall be updated as necessary;
 - (b) A health assessment from a health care provider assessing the ability of the staff person to work with children. The health assessment shall be completed within three months prior to employment or within the first month of employment and shall include health history, physical exam, vision and hearing screening, tuberculosis screening, and a review of immunization status. A new health assessment shall be obtained by the director and staff at least every four years after the initial assessment; and

POLICY: When the employee has been identified as low-risk at the initial screening, no additional testing is required according to the guidelines approved by the Board of Health and Environmental Control. (6/1/07)

POLICY: Caregivers may claim the right to refuse a TB test because it violates their religious beliefs, but they must still obtain a written statement from a health professional that they are free of communicable tuberculosis. (4/01/08)

SC Statute – Section 44-29-150

Staff of schools and child care centers to be evaluated for tuberculosis before initial hiring.

No person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the

Board of Health and Environmental Control. Re-evaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

- (c) Written evidence from a physician or health resource attesting that each staff person is free from communicable tuberculosis at the time of employment and subsequently according to state statute.
- 114-505 G. (2) No person who is known to be afflicted with any disease in a communicable form, or who is a known carrier of such a disease, or who is afflicted with boils, infected wounds, or sores or acute respiratory infection, shall work in any capacity in a child care center in which there is likelihood of such person transmitting disease or infection to other individuals.
- 114-505 G. (3) Any staff member, including the director, emergency person(s) and volunteer(s) who, upon examination or as a result of tests, shows a condition that could be detrimental to the children or staff, or which would prevent satisfactory performance of duties, shall not continue work at the child care center until the healthcare provider indicates that the condition no longer presents a threat to children or staff.
- 114-505 G. (4) Staff persons shall wash their hands with soap and warm running water upon arrival at the center, before preparing or serving food, before assisting a child with eating, after assisting a child with toileting or diapering, before and after toileting, after administering medication, after cleaning, after assisting with wiping noses, after contact with body fluids, after contact with animals and after using cleaning materials. Hands shall be washed even if gloves are worn to perform these tasks.

POLICY: The use of non-porous gloves should be worn in accordance with the facility's Blood Borne Pathogens Plan. (11/1/06)

POLICY: Hand sanitizer may not be used instead of soap and water. However, it may be used after washing hands with soap and water. (8/1/06)

- 114-505 G. (5) Staff shall be excluded when they exhibit the conditions listed in the SC Department of Health and Environmental Control Exclusion Policy, pursuant to Section 44-1-110, 44-1-140, and 44-29-10 of the South Carolina Code Ann. (2002).

(SEE RESOURCE MANUAL SECTION 6 FOR DHEC EXCLUSION LIST FOR EMPLOYEES IN OUT-OF-HOME CHILD CARE SETTINGS.)

Fire Safety and Emergency Preparedness

- 114-505 H. (1) Private and public child care centers shall comply with the regulations and codes of the State Fire Marshal.

(SEE RESOURCE MANUAL SECTION 6 FOR INFANT FIRE REGULATIONS, 19-300.11 A & B. AND OTHER PERTINENT REGULATIONS OF THE STATE FIRE MARSHAL.)

- 114-505 H. (2) In the event of a natural disaster or unscheduled closing of a child care center, the capacity may be exceeded temporarily to accommodate the displaced children. The director shall notify the Department of the situation and maintain

appropriate staff:child ratios at all times. Required records shall be kept on file for the new enrollees.

- 114-505 H. (3) The facility shall have an up to date written plan for evacuating in case of fire, a natural disaster, or other threatening situation that may pose a health or safety hazard. The facility shall also include procedures for staff training in this emergency plan.

POLICY: *Staff orientation shall include training on the evacuation plan. The plan must include a posted evacuation route, the procedures followed during evacuation, and an alternative destination. (revised 5/1/06)*

Transportation

- 114-505.I. (1) If the center provides or arranges for transportation through contract, the following transportation requirements apply:

- (a) The staffing ratios specified in 114-504.B.(1) through (3) apply. The driver of the vehicle shall not be counted in the ratios for infants or toddlers.
- (b) Each child shall be secured in an individual, age-appropriate safety restraint at all times the vehicle is in motion.

POLICY: *The capacity of a vehicle used by the facility to transport children is defined by the number of available restraints. (1/31/06)*

POLICY: *All children under the age of two years must be placed in an appropriate child restraint device any time they are transported, regardless of the type vehicle used. The restraint device must be adequately secured to the vehicle. (11/1/06)*

POLICY: *Vehicles that do not provide appropriate methods (seat belts) to secure a child restraint device cannot be used to transport children under the age of two years. When children under two years of age are transported, the restraint requirements in this section do not apply to vehicles not required by federal or state law to be equipped with seat restraints. For example, public transportation, such as school buses, city buses and taxi cabs are not required to have seat belts. If a center uses one of these methods to transport children, child restraint seats are not required for children over the age of two years. (11/1/06)*

- (c) Safety restraints shall be used in accordance with the manufacturer's instructions.
- (d) A child shall not be left unattended in a vehicle.
- (e) Transportation placement of children in the vehicle shall be in accordance with all applicable state and federal laws.

POLICY: *If a fifteen-passenger van is parked visibly on the premises of a child care facility, the director must provide a written statement to Child Care Regulatory Services that the van will not be used for the transportation of children. (11/1/06)*

- (f) The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 20-7-2725(A)(4) of the Code of Laws of 1976.

- (g) There shall be a first aid kit and emergency information on each child in the vehicle.
 - (h) Use of tobacco products is prohibited in the vehicle.
 - (i) Written consent from the parent is required prior to transportation.
 - (j) When the facility provides transportation to and from the child's home, the facility staff shall be responsible for picking the child up and returning the child to a designated location.
 - (k) The director and/or staff of the center shall provide the driver of the vehicle with a record that lists the name, address, and telephone number of the center, as well as names of children being transported.
- 114-505 I. (2) The following requirements apply for safe pick-up and drop-off:
- (a) The center shall have safe crossways and pick-up and drop-off locations and communicate these locations to the parents.
 - (b) Children shall be directly supervised during boarding and exiting vehicles.
 - (c) The director and/or staff shall have on file, in the facility, written permission from parent(s)/guardian(s) for transporting children to and from the home, school, or other designated places, including center-planned field trips and activities.
 - (d) Written transportation plans for routine travel shall be on file. Plans shall include a checklist to account for the loading and unloading of children at every location.

SEE INFORMATION ON JACOB'S LAW IN RESOURCE MANUAL SECTION 6.

SEE RESOURCE MANUAL SECTION 6 FOR TITLE 56, CHAPTER 5, ARTICLES 47 & 48 OF THE UNIFORM ACT REGULATING TRAFFIC ON HIGHWAYS, CHILD PASSENGER RESTRAINT SYSTEM & SAFETY BELTS.